

XC # 209 53 31

REG # 7045

SL # 1973

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13092**  
Registrar's No. **2312**

BIRTH NO. **FILED APR 27 1955** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>915 N. GRAND, ST. LOUIS, MO.</b> )		c. LENGTH OF STAY (In this place) <b>3 DAYS</b>	c. CITY OR TOWN <b>JENNINGS #148</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		STREET ADDRESS (If rural, give location) <b>7133 WEST FLORISSANT</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <b>OLIVER</b>	b. (Middle) <b>J.</b>	c. (Last) <b>BARTLEY</b>	<b>3-12-55</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>1-28-96</b>	9. AGE (In years last birthday) <b>59</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FREIGHT SOLICITOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>OLIVER J. BARTLEY</b>	13b. MOTHER'S MAIDEN NAME <b>NORA O'CONNELL</b>	14. NAME OF HUSBAND OR WIFE <b>ADELE BARTLEY</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WWI</b>	16. SOCIAL SECURITY NO. <b>702-05-4659</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ARTERIOSCLEROTIC HEART DISEASE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (c) <b>OTHER SIGNIFICANT CONDITIONS</b> <b>Conditions contributing to the death but not related to the disease or condition causing death. CIRRHOSIS OF THE LIVER</b>		<b>UNKNOWN</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4200</b>
22. I hereby certify that I attended the deceased from <b>3-9-55</b> , 19___, to <b>3-12-55</b> , 19___, that I last saw the deceased <del>on 3-12-55</del> and that death occurred at <b>3:34 P.M.</b> , from the causes and on the date stated above.		

23a. SIGNATURE <b>A. E. CARLSON</b> (Degree or title)	23b. ADDRESS <b>VAH, ST. LOUIS, MISSOURI</b>	23c. DATE SIGNED <b>3-12-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>MAR. 15, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>oak grove cem</b>
DATE REC'D BY LOCAL REG. <b>MAR 14 1955</b>	REGISTRAR'S SIGNATURE	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Co. MO.</b>

25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>3924 N. 20 St</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Neville B Frohwitter*

Licensed Embalmer No. *369*

P. O. Address *3934 N 20*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.